

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000006142 (3)

1. Corporation Name

COLONY CROSSINGS TRAVEL INC.

Principal Place of Business

10045 W HILLSBOROUGH AVE
TAMPA FL 33615

Mailing Address

10045 W HILLSBOROUGH AVE
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1992

3a. Date of Last Report

06/14/1996

4. FEI Number

59-3152462

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DURHAM, HELEN
10045 W HILLSBOROUGH AVE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

ED McILVAINE

82 Street Address (P.O. Box Number is Not Acceptable)

10045 W HILLSBOROUGH AVE

84 City

TAMPA

FL

85 Zip Code

33615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DURHAM, HELEN
STREET ADDRESS 10045 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33615

☒ DELETE

TITLE O
NAME WISECUP, DICK
STREET ADDRESS 3843 BARRINGER 155N
CITY-ST-ZIP SAN ANTONIO TX 78217

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES
1.2 NAME ED McILVAINE
1.3 STREET ADDRESS 10045 W HILLSBOROUGH A
1.4 CITY-ST-ZIP TAMPA, FL 33615

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

APPROVED
AND
FILED

97 AUG 25 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E034 (4/97)



Colony Crossings Travel

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Sir

We didnot receive the first notice,
probably because of the wrong name.
Therefore I would appreciate it very
much if you would receive this amount
(\$165.00, that I learned from your other
office) as payment for this filing fee
this one time

Thank you very much for your
time and consideration.

ED MCILVAINE